REMARKS

Applicant has amended claims 1 and 18 and added new claims 27 and 28 to further define the invention, and claims 6, 7, and 25 have been canceled. Accordingly, claims 1, 9, 11-20, 23, 24, 27, and 28 are pending.

Applicant respectfully asserts that support for amended claims 1 and 18 and new claims 27 and 28 may be found in at least FIG. 1, as well as corresponding portions of the Specification and claims. Accordingly, Applicant respectfully asserts that amended claims 1 and 18 and new claims 27 and 28 do not introduce new matter.

Claim Objection

On page 2 of the Office Action, claim 1 is objected to for an informality. Accordingly, Applicant has amended claim 1, and respectfully request that the objection be withdrawn.

Claim Rejections Under 35 U.S.C. §112

On pages 2 to 3 of the Office Action, claims 1, 9, 11-20, and 23-25 stand rejected under 35 U.S.C. §112, second paragraph, as allegedly being indefinite. Specifically, the Office Action alleges that recitations of the claimed "second axis" with regard to the primary arc are unclear. Accordingly, Applicant has amended independent claim 1 to more clearly define the structural relationship between the primary arc and the second axis. Here, for example, FIG. 1 provides a detailed disclosure as to how the claims primary arc and second axis are structurally related. In

FIG. 1, the second axis of rotation Y-Y is substantially perpendicular to the first axis of rotation X-X and passes through first and second ends EX1 and EX2 that extend from the primary arc 5 along a first direction of the first axis of rotation X-X. Here, the second axis of rotation Y-Y is disposed entirely in front of the primary arc 5 by virtue of the first and second ends EX1 and EX2 that extend from the primary arc 5. As such, Applicant respectfully asserts that the features recited by at least amended independent claim 1 particularly point out and distinctly claim the subject matter which Applicant regards as the invention. Thus, Applicant respectfully requests that this rejection be withdrawn.

On pages 3 to 5 of the Office Action, claims 1, 9, 11-20, and 23-25 stand rejected under 35 U.S.C. §112, first paragraph, as allegedly failing to comply with the written description requirement.

Specifically, on page 3 of the Office Action, the claimed features of the second axis with regard to the primary arc are allegedly not supported by the original disclosure. However, Applicant respectfully asserts that independent claim 1, as presently amended, clearly recites the features of the invention shown in at least FIG. 1. Here, Applicant respectfully asserts that FIG. 1 clearly shows that the second axis of rotation Y-Y pass through ends EX1 and EX2 that extend from the primary arc 5. As such, Applicant respectfully assert that independent claim 1,

as presently amended, complies with the requirements under 35 U.S.C. §112, first paragraph.

On page 4 of the Office Action, claim 1 stands rejected under 35 U.S.C. §112, first paragraph, on grounds that the claimed features of "said first and second mechanical abutments being configured for performing adjustable stopping of the primary arc and secondary arc, respectively, at a plurality of predetermined locations relative to said single rear stationary column and said primary arc, respectively," are not supported. However, Applicant respectfully asserts that at least paragraph [0037] provides support for such claimed features. As such, Applicant respectfully assert that independent claim 1, as presently amended, complies with the requirements under 35 U.S.C. §112, first paragraph.

On pages 4 to 5 of the Office Action, claim 1 stands rejected under 35 U.S.C. §112, first paragraph, on grounds that the claimed features of the second axis of rotation with regard to the primary arc are enabled. However, as detailed above, Applicant respectfully asserts that FIG. 1 clearly shows that the second axis of rotation Y-Y pass through ends EX1 and EX2 that extend from the primary arc 5. Here, Applicant respectfully asserts that the relative claimed features of the second axis of rotation and the primary arc, as recited by amended independent claim 1, are both physically compatible and non-contradictory. As such, Applicant respectfully assert that independent claim 1,

as presently amended, complies with the requirements under 35 U.S.C. §112, first paragraph.

For at least the reasons set forth above, Applicant respectfully requests that the multiple rejections under 35 U.S.C. §112, first paragraph, be withdrawn.

Rejections Under 35 U.S.C. §§102(b) and 103(a)

On pages 5 to 13 of the Office Action, claims 1, 9, 1, 12, 18, and 25 stand rejected under 35 U.S.C. §102(b) as allegedly being anticipated by Coles (US 4,402,500), and claims 13-17, 19, 20, 23, and 24 stand rejected under 35 U.S.C. §103(a) as allegedly being unpatentable over Coles in view of various ones of Lowe (US 3,774,963), Ferrara (US 3,343,875), Weimer et al. (US 6,264,278), Chinomi (US 5,052,754), Epley (US 6,800,062), and Altare (US 5,046,721). Applicant respectfully traverses these rejections for at least the following reasons.

Independent claim 1, as amended, recites a medical examination chair for seating and moving a patient in three substantially perpendicular planes over a large amplitude including, in part, an open access primary arc, a horizontal shaft constituting a first axis of rotation of the primary arc about said single rear stationary column, "a second axis of rotation *extending along a second direction different from said first direction and disposed entirely in front of said primary arc with respect to a person seated in the examination chair, said second axis of rotation is substantially perpendicular to*

the first axis of rotation and passes through first and second ends that extend from said primary arc along said first direction," and "an open access secondary arc that is in front of said primary arc and that includes a seat thereon *having patient restraining means to restrain arms, shoulders, head, and lower limbs of the person in the seat*, said secondary arc *is arranged inside said primary arc, said secondary arc is secured via a third end and a fourth end to said first end and said second end, respectively, via an upper shaft and a bottom shaft*, said primary arc and secondary arc being configured for performing non-motorized rotary movement about said first axis of rotation and said second axis of rotation, respectively," (emphasis added).

In direct contrast to Applicant's claimed invention, the axis of rotation of the frame 23 is within the plane of the ring 15. As such, since the frame 23 is connected to the ring 15, the axis of rotation of the frame 23 cannot be disposed entirely in front of the ring 15. Moreover, since the axis of rotation of the frame 23 is always within the plane of the ring 15, the axis of rotation of the frame 23 cannot be disposed entirely in front of the ring 15. Accordingly, Applicant respectfully asserts that the configuration of the device of Coles cannot anticipate the combination of features recited by amended independent claim 1.

In further direct contrast to Applicant's claimed invention, the device of Coles fails to include a seat having patient restraining means to restrain arms, shoulders, head, and lower

limbs of the person in the seat. According to Coles, only provides a lap belt with the seat 33. Thus, Applicant respectfully asserts that the configuration of the device of Coles cannot anticipate the combination of features recited by amended independent claim 1.

Additionally, independent claim 1, as amended, recites "wherein said primary arc includes a convex portion and is connected to said horizontal shaft via a middle of the convex portion." In further direct contrast to Applicant's claimed invention, Coles explicitly discloses that the ring 15 is indirectly connected to the stub shaft 16 using a clamp-type fixture 20. As such, Applicant respectfully asserts that the configuration of the device of Coles cannot anticipate the combination of features recited by amended independent claim 1.

In addition, Applicant respectfully asserts that none of Lowe, Ferrara, Weimer et al., Chinomi, Epley, and Altare taken in any combination(s) can remedy the deficiencies of Coles, as detailed above. Specifically, Applicant respectfully asserts that none of Coles, Lowe, Ferrara, Weimer et al., Chinomi, Epley, and Altare establish a prima facie case of obviousness with regard to at least amended independent claim 1.

For at least the reasons set forth above, Applicant respectfully requests that the rejections under 35 U.S.C. §§102(b) and 103(a) be withdrawn.

New Claims

Applicant respectfully asserts that new claims 27 and 28 are allowable over the applied prior art for at least the combinations of features that new claims 27 and 28 recite, as well as for their dependence upon amended independent claim 1. Accordingly, Applicant respectfully request that new claims 27 and 28 be indicated as being allowable in addition to claims 1, 9, 11-20, and 23-25.

Commercial Success and International Recognition

Applicant respectfully asserts that the present invention has attained significant international commercial success by notable distinguished professionals and organizations within the medical field.

DR SUDHIR KOTHARI : Suite 1206, A/13, Fortune Apartments, Shirole Road, Shivaji Nagar, Pune, Maharashtra - 411005 INDIA : « I know it is a beautiful invention and it is much more practical and usable than the [COMPETITOR]. The only reason we went for [COMPETITOR], was [COMPETITOR] looks more glamorous ! But I do feel that your chair will be easier, simpler, faster and best of all, there is no software or electronics hardware to get spoiled ! I am quite sure I can help you sell a few of them in India. I dont think the [COMPETITOR] can do dynamic maneuvers. At present we are doing most repositionings manually. I would love to still have your chair in my private clinic, where we do almost 3 repositionings every day. If it becomes easier, my techician will do more with your chair. She gets aches and pains trying to do Semont on heavy patients. I am sort of a leader in vertigo in India. I do face people with BPPV who have mild residual unsteadiness for some time, with minimal ageotropic or downbeating nystagmus residual, which persists for some days. I finally bought the [COMPETITOR], with the help of a philanthropic donor ».

DR JI SOO KIM : Associate Professor - Department of Neurology, Seoul National University College of Medicine Seoul National University Bundang Hospital KOREA : « I am a Korean Neurotologist and was very impressed with your presentation on using the arm-chair in BPPV during the Barany meeting in Kyoto. I agree with your opinion that HC-BPPV is much more common than previously known. HC-BPPV comprised up to 50% of total BPPV in Korean series. I also wonder if the equipment is commercially available. If so, please give me information including the price. Thank you. »

DR GAYE CRONIN : Atlanta Ear Clinic USA : « We are certaInly interested in obtaining the first chair in the USA and excited about the possibilities for application, research, and data collection. Also, I reviewed your published article in the Otolaryngology Journal today regarding the multi-axial examination chair for the treatment of BPPV. This is a very unusual coincidence. We are still trying to arrange a time to meet you in France to see your Examination Chair. We are planning to be in attendance and presentation at the International Facial Nerve Symposium in Rome, next month and was curious as to if you had any of the Examination Chairs closer to Rome that we may could observe begin used. Ronald Steenerson, MD (neurotologist) and I work together at the Atlanta Ear Clinic. Dr. Steenerson saw the demonstration of your Examination Chair at the American Academy of Otolaryngology's Annual Meeting in DC, and was very interested in its application. We are a busy private practice, treating approximately 1000 new cases of BPPV annually. So, an innovative treatment of this population would be of interest to us. We are familiar with the [COMPETITOR] Chair. »

Some positive advice were obtained from DR ERIK VIIRRE : M.D., Ph.D. Associate Adjunct Professor of Surgery (Otolaryngology) - Otoneurology (Dizziness, Balance Disorders) UNIVERSITY OF CALIFORNIA - SCHOOL OF MEDECINE - SAN DIEGO - USA.

In addition, most of the persons originating these testimonies are currently using the so-called « OMNIAX System » (http://www.trinityhearingandbalance.com/Epley_Omniax_System.html) which is corresponding to the document US6800062 EPLEY, this system not being as efficient, compact and simple than Applicant's invention (i.e., the « TRV » chair).

In addition, Applicant's invention (the "TRV" chair) has amazed the worlds most renowned Otolaryngology Doctors.

At present, many French Medecine Universities (Paris, Strasbourg, Lyon, toulouse, etc) are equipped with the TRV chair, and obtain unforsightable positive results. Outside France (FR), more than 12 TRV chairs are successfully used, e.g. in China (CN - EENT Hospital Shangai), Norway (NO-Bergen), Östereich (AT - Insbrück).

Accordingly, Applicant respectfully asserts that the present invention has received numerous favorable reviews from professionals and organizations throughout the world.

This Amendment is believed to be fully responsive to place the application in condition for allowance. Entry of the Amendment, and an early and favorable action on the merits is earnestly requested. Applicant respectfully requests that a timely Notice of Allowance be issued in this application.

Should the Examiner believe that any matters need to be resolved in the present application, the Examiner is respectfully requested to contact Applicant's undersigned representative at the telephone number listed below.

The Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment

to Deposit Account No. 25-0120 for any additional fees required under 37 C.F.R. § 1.16 or under 37 C.F.R. § 1.17.

Respectfully submitted,

YOUNG & THOMPSON

/David B. Hardy/
David B. Hardy, Reg. No. 47,362
209 Madison Street
Suite 500
Alexandria, VA 22314
Telephone (703) 521-2297
Telefax (703) 685-0573
(703) 979-4709

DBH/fb